

CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

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Weekly Bulletin



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SAN FRANCISCO

State Office Building, McAllister and
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SACRAMENTO

State Office Building, 10th and L Streets
Capital 2800

LOS ANGELES

State Office Building, 217 West First
Street Madison 1271

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GUY P. JONES
EDITOR

Tuberculosis in California

(Continued from last issue)

During the term of Dr. N. K. Foster as Secretary of the State Board of Health, which began in 1903 and ended in 1909, many attempts were made to secure funds from the Legislature for the purpose of carrying on specific activities related to the control of tuberculosis. It was possible to secure only relatively small sums of money which were used for educational work. In 1905, \$1000 was secured from the Legislature and in 1907 a similar amount was obtained. These funds were used for general educational work and a large part was devoted to the printing of leaflets which were distributed in the schools through the cooperation of Mr. Edward Hyatt, who was then State Superintendent of Public Instruction. A special leaflet was prepared for the use of teachers and this was distributed widely among members of the profession. Dr. Foster at the beginning of his State service, was fortunate in securing the voluntary assistance of Dr. Charles C. Browning, of Los Angeles, who, without salary, carried on an extensive lecture program before teachers, institutes, clubs, medical societies and other organizations. At times Dr. Browning talked from three to five times a day and in his travels he addressed assembled groups in widely separated communities of the State. This campaign of education was an important factor in developing support for tuberculosis control measures and stimulated greatly not only legislative action, but unofficial support, as well.

In 1909, through the cooperation of the California

Tuberculosis Association and the Southern Pacific Company, the State Board of Health was enabled to equip a "sanitation car" which contained public health exhibits, a large part of the space on which was devoted to tuberculosis control. Thousands of school children visited this car, as well as many thousands of adults. Dr. William F. Snow, of Stanford University, and his father assisted in the designing, arrangement and construction of the exhibits on this car. Upon the resignation of Dr. Foster, Dr. Snow became Secretary of the State Board of Health, assuming the office in July 1909.

1910-1915

By 1910 a great deal more attention was being given to the provision of pure milk and in that year there were at least five certified dairies operating in California. More attention was given to meat inspection and to the rejection of meat from tuberculous animals. Attention was being given to the pasteurization of milk and the general groundwork for extensive milk sanitation was laid at this time.

In November of 1910, the State Board of Health issued a bulletin entitled "California's New Industry—Growing Humans." This constituted an application, in California, of the principles that had been exploited in the report of President Theodore Roosevelt's Conservation Commission in 1909. In Dr. Snow's leading article in this bulletin, he estimated

the preventable annual loss from tuberculosis in California as nearly \$31,000,000 and urged the carrying on of intensive activities leading to the control of the disease. In the same bulletin, Dr. George H. Kress of Los Angeles, who was then Secretary of the California Association for the Study and Prevention of Tuberculosis, presented an article upon the activities of the association. Dr. Gayle G. Moseley of Redlands, president of the association, presented an article which gave detailed accounts of the component local organizations at Long Beach, San Diego, San Francisco and Alameda County. Dr. John C. King of Banning, who was then president of the California Medical Society, presented an article entitled "The Disposal of Consumptives," in which he discussed the economic problems encountered in providing for tuberculous from other States. Dr. George H. Evans of San Francisco discussed the tuberculosis clinic and Dr. Charles C. Browning presented a report based upon personal observations abroad, entitled "The Control of the Consumptive in Europe." Dr. Max Rothchild, Dr. Emile Schmoll and Dr. Rene Bine of San Francisco discussed problems related to early diagnosis and home treatment of the tuberculous. This publication had a very wide distribution throughout the State and the demand for copies of it continued for a decade or more following its publication. It is probable that this is one of the most important factors in crystallizing the opinions of influential individuals relative to the extent of the tuberculosis problem in the State and the urgency for adopting a definite plan and program for the control of the disease. It certainly was a vital factor in securing an appropriation of \$5,000 from the State Legislature in 1911 which was for the purpose of making an investigation by the State Board of Health into the extent and nature of the tuberculosis problem in California and to secure recommendations of a control plan which might be adopted at the following session of the Legislature.

(To be concluded in next issue)

HEALTH OFFICERS NEWLY APPOINTED

Dr. Gilbert A. Kelly has been appointed health officer of Mono County, to succeed Dr. Gilbert H. Johnson. Dr. Kelly's address is Bridgeport, California.

Dr. James B. McGuire has been appointed city health officer of Mount Shasta, to succeed Dr. Paul Wright, who has served in such capacity for a long period of years.

Medicine is as old as the human race, as old as the necessity for the removal of diseases.—Heinrich Haeser.

RABIES SITUATION NEEDS ATTENTION

Animal rabies is increasing over a large part of California and there are indications that the disease is now spreading into counties where its presence has not been recognized until recently.

A total of 565 cases of animal rabies has been reported in California during the period January 1, 1933, to November 18, 1933. By months, these cases have been reported as follows:

January	39
February	40
March	52
April	42
May	37
June	52
July	51
August	65
September	56
October	63
November 1-18	68

These reports have come from 17 counties in the State, all of which are located in central and southern California. Cases have not been reported from the northern end of the State recently.

Since rabies occurs mostly among stray dogs, its spread is facilitated through the travels of itinerant laborers, who travel about the State, taking families and dogs with them, while searching for work. Unless rabies is brought under control quickly in all of these counties where it is prevalent, it is probable that many counties where the disease does not exist at the present time will be faced with the possibility of heavy losses in sheep and cattle, if not in human lives.

STATE HOSPITAL PATIENTS RECEIVE PURE FOOD

The Bureau of Laboratories of the California State Department of Public Health each month analyzes foods which are supplied to State institutions under contract. The State insists, and has insisted for many years, that its wards be provided with foods that comply with the Pure Foods Law and which are of equal standard with samples that are submitted when the original contracts are awarded.

Among the samples of foods that were analyzed for State institutions last month are chocolate, cocoa, extracts, flour, olive oil, alimentary pastes, spices, syrup, tapioca, vinegar, salad oil and other commodities.

George Washington was ill a month with smallpox when he visited the Barbados in 1751.

AMOEBIIC DYSENTERY CAUSES CONCERN

A communication from the Surgeon General of the United States Public Health Service suggests that physicians and local health officers be advised as to the necessity for alertness in detecting cases of amoebic dysentery, particularly cases that may have had their origin in Chicago during the period of July to November of this year. Prompt reports of all cases should be made to the State Department of Public Health. Information relative to any cases that may have originated in Chicago is especially desired.

The appearance of an unusual number of cases of this disease came to the attention of the Chicago health department about the middle of August. All of these cases were traced to one hotel and an investigation in that institution revealed the fact that 25 per cent of the food handlers employed there were infected with *Endamoeba histolytica*.

From early in July to November 9, 1933, 79 cases with 7 deaths were identified in Chicago, and 34 cases with 8 deaths, having origin in Chicago, have been traced to other places. In all cases diagnoses were confirmed by laboratory examination. Questionnaires have been sent to 22,000 guests of the hotel during the period May to November, in order to determine the number of persons infected and who may now be acting as carriers in other parts of the United States. Results from nearly 3500 questionnaires received up to November 14 indicate that this condition has appeared in at least 50 other cities.

It would appear that the strain of *Endamoeba histolytica* involved in this outbreak is specially virulent. Investigations undertaken recently in the Department of Preventive Medicine and Public Health of Vanderbilt University indicate that bacteria or their products, or some other substance in the cultures of *Endamoeba histolytica*, sometimes play a part in the production of lesions, but they are not an important factor in determining the difference in pathogenicity between the different strains. The difference in the pathogenic activity lies in the amoebas themselves.

A physical examination of food handlers is of first importance in preventing the spread of this disease. Food handlers, particularly dish washers and kitchen help, are notorious floaters and carriers of the amoeba may spread this disease into communities where it never before has appeared. Physical examinations of food handlers are required in two California cities—Pasadena and San Diego. At the present time it would be highly advantageous if every city in the State enforced similar ordinances. Amoebic dysen-

tery was formerly considered a tropical disease but since the World War cases have appeared in almost every State of the Union. Forty-four isolated cases of amoebic dysentery have been reported in California since July first of the present year. There is undoubtedly a real hazard in amoebic dysentery at the present time.

The symptoms sometimes would indicate appendicitis, or other intestinal conditions which might suggest surgery. The taking of complete case histories so as to eliminate the possibility of amoebic dysentery should be required before surgical procedure becomes involved. Health officers should regard the prevention of amoebic dysentery as an important part of their work under present conditions and practitioners of medicine throughout their respective territory should be advised of the necessity for suspecting amoebic dysentery in cases of abdominal disease which may come before them.

SAN DIEGO CONTROLS FOOD HANDLERS

San Diego has an ordinance which requires the physical examination of food handlers. Permits are issued only to those food handlers who pass rigid tests. Dr. A. M. Lesem, health officer, has just issued the following report of this activity, which began last spring:

"Under the provisions of the city food ordinance, all persons handling food are now required to have a physical examination.

The examinations may be obtained in the health department clinic, or if the person requiring examination desires, he may go to a private physician. All laboratory reports are cleared through the health office, and all cards are issued there.

The work began March 16, 1933, and upon October 31, 7044 examinations had been performed. This total comprised 3626 examinations by the health department and 3418 by private physicians.

In all cases, Widal, Wasserman, and urine tests were made, and it was necessary to take 100 throat cultures, 315 smears for Vincent's angina or trench mouth, and a few gonorrhoea smears.

The examinations were uniform as the health department furnished forms for all examinations. Each person was given a complete physical examination, even though some sections of it had no bearing upon food handling.

For various reasons, 676 permits were withheld. This figure represents 9.6 per cent of the total examined."

HOME HYGIENE AND CARE OF THE SICK

The American Red Cross has recently issued the fourth edition of its textbook called "Home Hygiene and Care of the Sick." This book has been prepared by Jane A. Delano, R.N. It is particularly valuable as a reference in home nursing. It is written in language that is easily understood and is suitable for class instruction or for individual home use. The textbook is sold at a nominal price.

COMMUNICABLE DISEASE CONTROL IN ONE RURAL SCHOOL

Oleander, a four teacher school in Fresno County, with an average enrollment of 110, has an advanced method of communicable disease control.

In 1927 the school suffered an epidemic which threatened the attendance to the closing point. The next year the principal set up a card file registering each pupil by name, name of parent, address and the date of each child's communicable diseases and each immunization procedure. He has kept this file up to to date, adding the name of each new pupil entering his school and each illness that any child had experienced. When a case developed in his district he knew just who had immunity and who had none for that disease.

The results have been marvelous. There has been no epidemic of any kind in that district since 1927. In 1928 he sent one call for help to the County Health office and in 1932 and 1933 he sent three, which was the maximum for a year.

The school has had milk with the daily lunch. The local women's missionary society has donated milk for all underweight children who were unable to pay for it. These two projects have credit for a splendid attendance and a good healthy school. The district is an average rural community with no transients, but in the neighborhood of schools that have had heavy tolls to pay for communicable disease.—Bulletin, Fresno County Health Department.

MORBIDITY*

Diphtheria

44 cases of diphtheria have been reported, as follows: Alameda 1, Berkeley 1, Oakland 1, Fresno County 1, Fresno 1, Bakersfield 1, Los Angeles County 2, Alhambra 2, Long Beach 1, Los Angeles 20, San Gabriel 1, Monterey Park 1, Madera 1, Pacific Grove 1, Sacramento 1, San Francisco 3, San Mateo 1, Santa Barbara 1, Vallejo 1, Modesto 1, California 1.**

Chickenpox

218 cases of chickenpox have been reported. Those communities reporting 10 or more cases are as follows: Oakland 31, Los Angeles County 21, Los Angeles 19, Sacramento 14, San Francisco 53.

* From reports received on November 13th and 14th for week ending November 11th.

** Cases charged to "California" represent patients ill before entering the State or those who contracted their illness traveling about the State throughout the incubation period of the disease. The cases are not chargeable to any one locality.

Measles

139 cases of measles have been reported. Those communities reporting 10 or more cases are as follows: Oakland 22, San Diego 95.

Scarlet Fever.

187 cases of scarlet fever have been reported. Those communities reporting 10 or more cases are as follows: Fresno County 10, Los Angeles County 26, Los Angeles 55.

Whooping Cough

255 cases of whooping cough have been reported. Those communities reporting 10 or more cases are as follows: Berkeley 10, Oakland 39, Los Angeles County 16, Los Angeles 55, Pomona 12, Santa Ana 11, Riverside County 11, San Francisco 25, Ventura County 10.

Smallpox

5 cases of smallpox have been reported, as follows: Los Angeles County 3, Los Angeles 2.

Typhoid Fever

7 cases of typhoid fever have been reported, as follows: Alhambra 1, Madera 1, Sacramento County 1, San Mateo 4.

Leprosy

1 case of leprosy from San Francisco has been reported.

Poliomyelitis

5 cases of poliomyelitis have been reported as follows: Los Angeles County 1, Los Angeles 2, Riverside County 1, Riverside 1.

Food Poisoning

5 cases of food poisoning have been reported, as follows: Los Angeles County 1, Santa Monica 4.

Undulant Fever

One case of undulant fever from LaVerne has been reported.

Actinomycosis

2 cases of actinomycosis have been reported, as follows: Los Angeles 1, San Francisco 1.

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